



STATE OF DELAWARE DEPARTMENT OF INSURANCE
SURPLUS LINES PREMIUM TAX
ANNUAL SUMMARY REPORT
FOR THE CALENDAR YEAR 2005, DUE MARCH 1, 2006

Original Report ☐

Amended Report ☐

**SURPLUS LINES
BROKER**

According to 18 Del. C., §§702, 707 and §1917, a premium tax of two percent (2%) is due for risks located in the State of Delaware. Negative or Zero reports are required to be filed. This report must be completed and returned to the address at the right on or before March 1, 2006.

Delaware Insurance Department
Attn.: Surplus Lines Tax Collection
841 Silver Lake Blvd.
Dover, Delaware 19904-2465

SURPLUS LINES (SL) BROKER INFORMATION AND MAILING ADDRESS

SL Broker Name: _____
Agency Name: _____
Agency Address: _____
City - State - Zip + 4: _____
Tax Contact Name: _____
E-mail: _____
Phone #: _____ Fax #: _____

Broker ID #: (DE Lic. #) _____
Agency ID #: _____
Home State (abbr.): _____

Questions should be directed to:

**Ann Fletcher
Tax Coordinator**

E-mail: Ann.Fletcher@state.de.us

GROSS PREMIUMS TAX SUMMARY

1. Total Surplus Lines Premiums Written during 2005:	\$	_____
2. LESS: Premiums returned during 2005	\$	_____
3. Net Surplus Lines Premiums Written (Line 1 - Line 2):	\$	_____
4. Premium Tax Rate (2%)	X	.02
5. TOTAL Premium Tax Due (Line 3 x Line 4):	\$	_____
6. LESS: Total Amount Prepaid during 2005:	\$	_____
7. Net Premium Tax Due (Line 5 - Line 6):	\$	_____

Attach payment for this amount. →

REPORT OF GROSS PREMIUMS FOR STATE SUPPORT OF FIRE COMPANIES

In accordance with 18 Del. C., §705(a), all premiums written in Delaware (less return premiums) under the lines listed below must be reported in this section. The portion of allocable premiums written, as determined by *location of risk*, must be reported for each of the four geographical regions within the State. **THIS IS NOT A TAX.** The State of Delaware uses this information to determine the amount of financial support volunteer fire companies receive from the State.

Applicable "Fire" Lines of Business: Fire, Extended Coverage, Other Allied Lines, Homeowner (package policy), Commercial Multiple Peril, Growing Crops, (as specified in 18 Del. C., §705(a)) Ocean Marine, Inland Marine, Automobile Physical Damage and Aircraft Physical Damage

	TOTAL PREMIUMS (Including "Fire" Premiums)	"FIRE" PREMIUMS (as listed in §705)
City of Wilmington	\$ _____	\$ _____
New Castle County (outside the City of Wilmington)	\$ _____	\$ _____
Kent County	\$ _____	\$ _____
Sussex County	\$ _____	\$ _____
2005 TOTAL	\$ _____	\$ _____

AFFIDAVIT

I hereby verify, in accordance with 18 Del. C., §1916 (a), that the information contained in this report is a true and correct statement of all surplus lines insurance transacted by me in the state of Delaware during the calendar year 2005.

Signed this date: _____

Sign Here

Printed Name of SL Broker (licensee listed above)

Signature of Reporting SL Broker